FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Maines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees 2011 JAN 14 PM 3: for state office must be filed electronically and offective January 1, 2012, all statements and reports filed by all committees for state office must be filed olectronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electron	nically.	imi	•
COMMITTEE NAME (Must be same as on Statement of C			
	organization y		ORM 1
WINERUSE FOR STATE HOUSE		[DR-2 DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candidate		(Re	ev. 12/2009) REPORY
(4) County Central Committee (5) County Candidate (6) City C Subdivision Candidate (8) County PAC (9) City PAC (10) Sch	andidate (7)School Board or Other Politic	el For	Office Use Only
11) Local Ballot Issue	DOLD DURING OF CITIES FOR SUDDIVISION FAI	-	nm.#1229
CANDIDATE COMMITTEES ONLY;			ged In 2 (1)
Candidate Name	Political Party (if applicable)	Sca	nned <u>MF 1-18-11</u>
CENTY WINCKLER	PENOETAT	Cor	nputer
Office Sought REPRESENTA MUL	District (if Senate or House)	Auc	lited
ate reports are subject to possible civil and criminal peneities andidate's committee, and the chairperson, for any other type			
$\cap \cap \cap (\mathcal{C}) \cap \cap (\mathcal{C})$	_		1,1
Mones Ty Ilman	563.386.7672	•	1/14/γ
SIGNATURE OF PERSON FLING REPORT	TELEPHONE		DATE SIGNED
021.0			
AM FILING A 17-31-10	REPORT FOR (1) ELECTION		LECTION YEAR.
(report date)	Indicate by	/# <u> </u>	
CHECK IF AMENDMENT TO REPORT DATED			ittees, enter Date of Election
7 (Should if this is final forwarden) report and attach black	in at Dissalusian Face DD 2	11-3	2-10
Check if this is final (termination) report and attach Not (You must continue to file reports until a DR-3 is		County & Lo	cal Committees, enter County in
		500	
OTATEMENT OF ALAM ON U.	AND		
STATEMENT OF CASH ON HA			
CASH ON HAND at the beginning of the reporting period, committee. This amount MUST be the same as			1000
of the last reporting period or must be zero if this	is first report filed.)	\$	6,350.18
ADD TOTAL MONEY TAKEN IN THIS PERIOD			6,350.18 1,150,38
Schedule A: Cash Contributions total (Attach So	chedule A) ("also see in-kind below)	**********	1,150,38
Schedule F: Loans Received total (Attach Sche	dule F)		
Schedule H: Total Sales of Campaign Property			
(Schedule H applies to Candidates' 0	•		
	SUB-TOTAL	S	7,500,56
SUBTRACT TOTAL MONEY SPENT THIS PER			
Schedule B: Expenditures total (Attach Schedul		r)	6.272.72
Schedule F: Loan Repayments total (Attach Sch			
• • • • • • • • • • • • • • • • • • • •			1, 227.84
CASH ON HAND at the end of this reporting period (if fine			7
**UNPAID BILLS (From Schedule D - Attach Schedule D			
*IN KIND CONTRIBUTIONS (From Schedule E - Attach S	•		
**OUTSTANDING LOANS (From Schedule F - Attach Sci	hedule F)	\$	
CONSULTANT BREAKDOWN (Schodule G Attached?)			YESNO
CANDIDATE COMMITTEES ONLY:			1000 +
VALUE OF CAMPAIGN PROPERTY (From Schedule H.	Attach Schedule H)	\$	1,208.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form			
	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) WINCLER Fore State House			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	RECEIVED	FUND- RAISER INCOME
10/25/10	1D# 4063	LOWA DENTAL HOSOCIATION PAC			
	CK# 2494	5530 WEST PARKWAY STE 100 JOHNSTON, JA 50131		\$ 250.00	<u> </u>
11/2/10	ID#	GREAT RIVER UNISERY UNIT PAR			
-10110	CK# 358			250.00	
	ID#	I.B.E.W. EPUCATION & COMMITTE			
1	CK# 21648	900 SENENTH ST N.W. WASHINGTON DC ZCOOL		100.00	
12/10/10	ID#	PAVE SWIM			
טון טוו זי	CK#	3852 MATRQUETIE ST	,		
	ID#	DAVENPORT, JA 57804		50.00	
	CK# 102965	SAC + FOX TRABE OF MISSISSIPPI. 349 MESKWAKE RP	,	_	
	102 709 1D#	7AMA, JA 52339		300.00	
12/31/10	CK#	DUTTAR COMME CREDIT UNION 3465 KBURY RD	INTEREST		
	ID#	DUBUQUE, 14 57002	ON SAVING	,38	
	CK#				
	ID#				
	ÇK#				
• •	ID#				
	CK#				
	ID#			***	
	CK#				
			SUB-TOTAL	s1,150.38	
		TOTAL (if last page	afthia actualists	المررسر اراه	' '

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of / (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

R	sct	Fo	m	•

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

WINCKLER FOR STATE HOUSE

Ang well	CANDIDATE	10 1/00/50		
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/19/10	ID# CK# (0/2	Towa PRACETATE PARTY SLEI FLEUR DR PRES MENNES, JA 50371	POWATION	\$1,500.00
11/1/10	ID# CK# (017	in a a	6/	500.00
plzilio	CK# /013	QUAD CITY PITTET MAIL 6810 3474 ST CT AMOLENE, IL GITCS	ARRIVAGO	121685
10/28/10	CK# 1015	11 4 11 11	"	1,221.87
10/25/10	ID# CK# /0/4	RRUSEW PRINCENS 311 2159 59 ROCK ISLAMP, IL GROS	PRINTING	788.ac
11/10	CK# 1014	t, ti	11	788.00
12/8/10	1018	CINPY WINCKLER G THOTE ET DAVENPORT, IN STEAT	Postage	258.00
	ID# CK#			
		· · · · · · · · · · · · · · · · · · ·	CLID-TOTAL	1 2

SUB-TOTAL

TOTAL (if last page of this schedule)

\$6,272.72

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventorized on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(i).)

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Page	1	of	i	

(Attach Additional Schedules if Needed)

		EE BACK OF FORM USED BY CANDIDATES		TTEES ONLY	RESE	(Rev. 0)	CAMP
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INCKL	eic .	POIL SIMIL HOUSE		···			ENDING FO
Date Purcha	OING	INVENTORY OF CAMPAIG	N PROPER	RTY		Alvi	ENDING FO
(Schedule i or Date Rece (Schedule) (MM/DD/YI	B) eived E)	Description of Property	,	Purchase Price of When Acq			ue at Fair Marke Report
2/2/09		LAPTOP COMPUTER + SOMWATE			···		
7407		+ SOHWATE		2012	53	1,2	08,00
				1			
	i i						
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stimated, sho	ow est. I	beside figure.	GN PROPI		1, 26, Sold? Y/N	Sale Price	Value of Donation
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stimated, sho	ow est. I	beside figure. OR TRANSFERS OF CAMPAI	GN PROPI	ERTY **	Sold?		